

ANCHORAGE NEUROSURGICAL ASSOCIATES, INC.

3831 Piper Street Suite S450 Anchorage, Alaska 99508 Phone 907-258-6999 Fax 907-258-6247

FINANCIAL POLICY

Thank you for choosing us as your health care provider. All patients must complete our Information and Insurance forms before seeing the doctor. We are committed to your treatment being successful and payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

PAYMENT IS DUE AT TIME OF SERVICE FOR COPAYS AND DEDUCTIBLES. WE ACCEPT CASH, VISA, MASTERCARD, AND DISCOVER CARD.

Regarding Insurance: We will bill your insurance as a courtesy. We cannot bill your insurance company unless you give us complete and correct information. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. In the event we do accept assignment of benefits, we want you to be aware that you are responsible for your account balance. If your insurance company has not made payment on your account within 30 days, the balance will become your responsibility and late fees/liquidated damages may be charged for all unpaid balances at 1% per month (12% annually). We will balance bill you for any unpaid balances after your insurance makes payment. Please be aware that your insurance may determine that some or perhaps all of the services provided for office visits or surgery are not covered under your insurance plan. Whether or not these procedures are allowed or disallowed by your insurance company you will be responsible for the final balance. All insurance co-payments and deductibles are due at the time of service.

If your account is sent to a collection agency for non-payment the collection agency will charge you fees and interest on any unpaid balance and we will no longer be available to provide treatment to you.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients: Adult patients are responsible for payment of deductibles and co-payments at the time of service.

Minor Patients: The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment of deductibles and co-payments at the time of service. For unaccompanied minors, non-emergency treatment will be denied.

Missed Appointments: We reserve the right to charge a \$25.00 fee for missed appointments unless canceled 24 hours in advance. Your insurance will not pay this fee and you will be responsible. Please help us to serve you better by keeping scheduled appointments. We reserve the right to dismiss patients for chronic missed appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date